

**STATE OF SOUTH DAKOTA**  
**Statement of Legal Newspaper Ownership and Circulation**

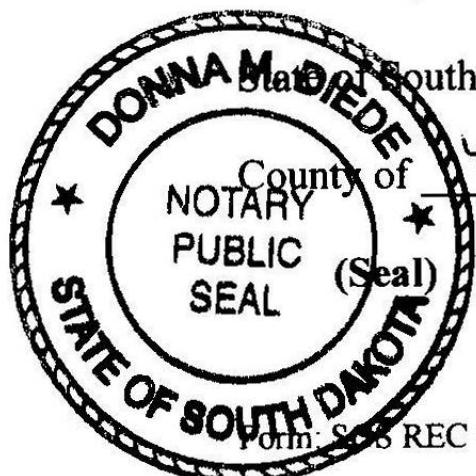
Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

|  |  |   |
|--|--|---|
| 1. TITLE OF NEWSPAPER <i>The Marion Record</i>   |  | 2. DATE <i>10-30-15</i>                             |
| 3. FREQUENCY OF ISSUE <i>Weekly</i>  | 3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>52</i> | 3B. ANNUAL SUBSCRIPTION PRICE \$ <i>30.00/36.00</i> |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)<br>(Not printers) <i>305 N. Broadway, PO Box 298 Marion SD 57043, Turner</i>   |  |   |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>210 W. Main St., PO Box 128 Custer SD 57012; McCook Co.</i>   |  |   |
| 6. FULL NAME OF PUBLISHER: <i>Matt D. Anderson</i>   |  |   |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)<br>FULL NAME <i>Anderson Publications, Inc</i> COMPLETE MAILING ADDRESS <i>210 W Main St. Box 128 Custer SD 57012</i> |  |   |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)<br><i>(circle)</i>  |  |   |
| 9. EXTENT AND NATURE OF CIRCULATION  |  | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS  |
| A. TOTAL NO. COPIES (Net Press Run)  |  | <i>750</i>  |
| B. PAID AND/OR REQUESTED CIRCULATION   |  |   |
| 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.  |  | <i>70</i>   |
| 2. Mail Subscription<br>(Paid and or requested)  |  | <i>493</i>  |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION<br>(Sum of 9B1 and 9B2)   |  | <i>563</i>  |
| D. FREE DISTRIBUTION   |  |   |
| 1. BY MAIL, CARRIER OR OTHER MEANS   |  |   |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES  |  |   |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)  |  | <i>563</i>  |
| F. COPIES NOT DISTRIBUTED  |  |   |
| 1. Office use, left over, unaccounted, spoiled after printing  |  | <i>187</i>  |
| 2. Return from News Agents   |  |   |
| G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)   |  | <i>750</i>  |
|  |  | <i>750</i>  |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

*Matt Anderson*  
(Signature)

*Owner's Editor*  
(Title)



RECEIVED Sworn to before me this 9 day of Dec, 2015  
Donna J. Diede  
Notary Public

S.D. SEC. OF STATE My commission expires: 2-2-2016